5	1-	FOR STATE REGISTRAR	STATE OF M DEPARTMENT OF HEALTH CERTIFICATI	AND MENTAL HYGIEN E OF DEATH	REG. NO.	9	
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should be der with the State		22d PHYSICIAN'S NAME (TYPE R. RICCI,	D CD	ADDRESS 193 BALT, B	SLUB, FINK		170
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Н. Sr. ARMOND CARFINE . 1984 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 9:53 18 DEAD 1984 9 Male White 65 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED W. Va. Carroll County O. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Pipe Coverer Westminster Carroll Co. Gen. Hosp. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto., Md. 13a. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 1415 Forest Park Ave. #21207 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE EIRST Maria Nazarine 1415 Fores Porpark Ave. Balto. MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Md. #21207 217-07-1510 Gladys M. Carfine 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 X 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Accident death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2-9-84 Assistant SIGNATURE. MEDICAL EXAMINER Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial New Cathedral Cem. Heb.11.1984 Balto G. Leuman Schwab **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

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DIREC ached Dept If Hem		22b. SIGNATURE	1/	DEGREE ATTENDING	_MEDICAL STAFF	22c. DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME YEAR 2a. DATE KNOWN TX MONTH DAY (TYPE OR PRINT) DEATH MATED ERNEST DANTET Wayne 4. RACE 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED MONTHS DAYS 6:25 DEAD 19 84 ma La white Jan To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDE FOREIGN COUNTRY) U.S.A. WIDOWED . DIVORCED Carroll County Marril and ID. CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Union Bridge truck - 4152 Middleburg Rd. Land Surveyor Surveying 136 COUNTY 3a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Manuel and YES NO 300 Anita Drive Carroll Westminster 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Daniel Pauline Betty Smith Dillon Conrad 160. SOCIAL SECURITY NO. 220-60-9249 17 INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)
Yes (IF YES, GIVE WAR OR DATES) New Jersey Dara Lynne Cate APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of neck (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO . 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING 5:27×× 2-23- 19 84 CONTRIBUTING CAUSE OF DEATH Subject was shot. 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK truck 4152 Middleburg Rd., Union Bridge, Carroll, Md. GE 4 SHOULD BE TOWN S FUNERAL DIRECTOR: P FIRE DEATH, WITH THE ST Autopsy X 22e. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Suicide Hamicide Undetermined manner death resulted fram: Natural causes Accident TITLE (SPECIFY) ACTUAL Assistant_MEDICAL EXAMINER 2-23-84 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. 23g BURIAL CREMATION REMOVAL 23b DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Baltimore Md. DATEREC'D. BY REGISTRAD 256 REGISTRAR'S SIGNATURE etcher & ESon Huneral

ADDRESS 254 East Main
Westminster, Md. 21157 **DHMH - 17** (VR A15 ME (5) 20M 4/82

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1	3. SE	(4. RACE		S. DATE (6. AGE	IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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2 52		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTI	MORE CITY <u>OR</u> COL	INTY OF DEATH	/ n n
eoth coth		N - T -		USA.		WIDOW			CARROLL		MD.
by the tu	10. CI	TY OR TOWN OF DEA			HOSPITAL, NUR		OR OTHER INSTITUTION	12a USU	ALOCCUPATION WORK FOR MOST OF WORK ROFESSOR	ING LIFE) 12b. KIND INDUSTRY COL	OF BUSINESS OR
illed in b	USU. 13a.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEF	FORE ADMISSION) OWN LNSTER	13d. INSIDE CITY LIMITS?	13e_SIRE	ET ADDRESS WINDY H		21157
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on. hos been signed i permit. Then ple ene prior to burio	CERTIFICATION	PART 2 OTHER SIGN	gart	wie he	est fai	luc	NOT RELATED TO THE TER		UTOPSY? 20b. IN C	F YES, WERE FIND ERTIFYING CAUSE YES	INGS USED
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ding p his certif buriol-1 Mentol or frem	MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAL EXAMINER	P. PLACE	.M. OF INJURY REET, FACTORY, OFFIC	19	211 LOCATION STREET	7	CITY OR TOWN	COUNTY	STATE
TO FUNERAL DIRECTOR: After the should be detoched for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked		22a.I certify that (I) saw the decease above, (I) (we) (i) 22b. SIGNATURE	(this hospi ed alive on did) (did	ot) view the body	15 19		DEGREE	MEDIC		d hour and fram th	that (1) (we) lost the causes stated IESIGNED
TO FUN should be with the		BURIAL, CREMATION,				30 NAME OF	EMETERY OR CREMATORY	234.16	DCATION joint pie town	COUNTY	STATE
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	11	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND A	MENTAL HYG PEATH		G. NO.	1		
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3		Maryland		USA.		WIDOWE	D DIV	VORCED	Carı				
100	1	TTY OR TOWN OF DEA	4	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET 11 County	ADDRESS)			12a. USUAL OCC (TYPE OF WORK FOR: Policema	MOST OF WORK	ING LIFE)	12b. KIND OF	BUSINESS
35	13e.	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OR OT NO COUNTY Baltis	1	13c. CITY OR TOW Reisters	N	13d. INSIDE CI	ITY LIMITS?	307 But		d.	2.	1136
1		ATHER'S NAME	44.07	DDLE	SAST			MAIDEN NAM	AE				777
137	1	Willam		3.	Farley			rgaret		DLE		Mill	
Colicol Col	160	WAS DECEASED EVER	N U.S. ARME (IF YES, GIVE V		218-36-2		17. INFORMA	NT	Donnell	Balt	Ell imor	is Rd.	2123
i. Then please rem or to buriol, cremo y injury, or other to	TION	gove rise to imm cause (a), stofing underlying cause PART 2. OTHER SIGN	IFICANT CO	(c) NDITIONS <u>C</u> (DEATH BUT	0.27						
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ond Mentol Hygiene ked or Item 18 shows		218. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		OF INJURY M. MONTH DA M.	AY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE (OF INJURY IN ITE	M 18 PART	OR PART 2)	
olth and Me marked or th	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATIO STREET	Й	Cit	Y OR TOWN		COUNTY	STATE
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of the Miller Miller, No. --

FOR - STATE

TYPE OR BRINTS

REGISTRAR

FIRST

DECEASED NAME

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Farmer - Ret Owner New Windsor Rd. Burrier 1320 OlderNew Windsor Rd. 215-20-9382 Ruth A. Fogle, New Windsor, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMED ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PULMONARY DISEASE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN [Maryland Burial 2/23/1984 Libertytown. BP Chapel Cemetery Rura N. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRARIOSS, REGISTRAR'S SIGNATURE ia havidson Randell DHMH - 16 50M 4/B2 New Windsor, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

20

2b. HOUR

HOUR5

IF UNDER 24 HRS

20 DATE OF DEATH

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o pud co		VAS DECEASED EVER IN I	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) NONE	166 SOCIAL SECT		17 INFORMANT ARLENE GES	AD	DRESS	21157		
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		CEASED NAME FIRE	ST	WIDDLE		LAST		20.	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			LICE	M.	GIL	DERS	SLEEVE		February		1984	11:45 M
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ours in by	100	AL RESIDENCE IN NURSING HOSTATE					i nospi		Homemak			Home
AND 2 filled hould b		MD B	county altimore	Reiste		VN YES			STREET ADDRESS 319 Glen	Fal	ls Rd.	21136
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of significant ond completely filled in by opers. Pages 1 and 2 should be file wall. The medical examinar must be read to the medical exa	14. F/	ATHER'S NAME FIRST Harlie	MIDDLE	Ra	ibon	15. M	OTHER'S MAIDEN	NAME	WIDDLE	Fie	elds	T
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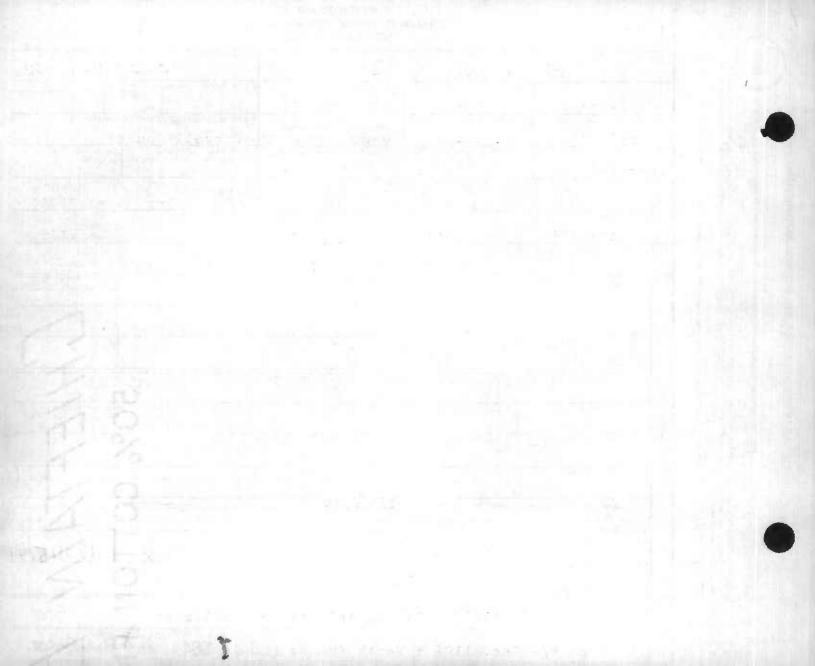
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STATE OF MARYLAND

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STATE OF MARYLAND



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Eline Funeral Home Reisterstown, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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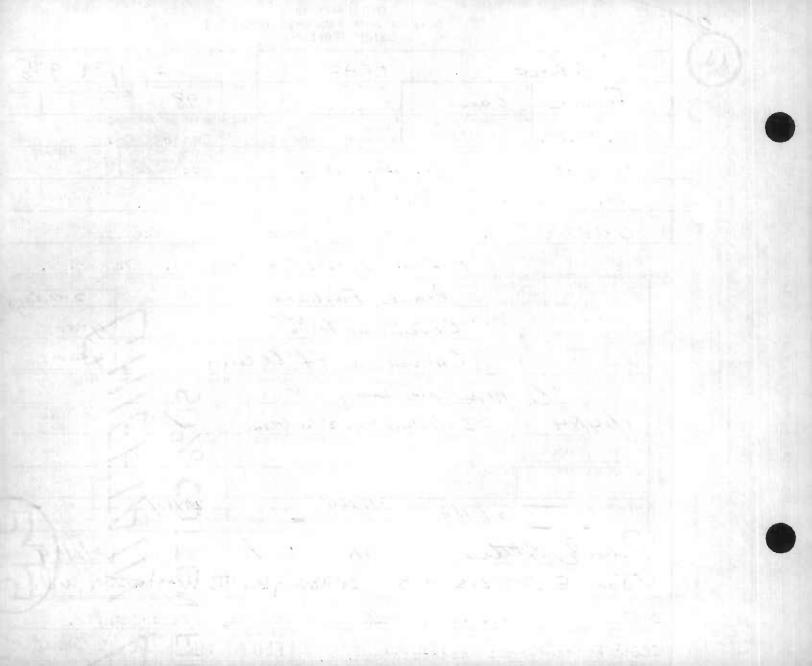
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 2g, DATE OF DEATH MONTH YEAR 2b. HOUR . DECEASED NAME FIRST (TYPE OR PRINT) John P. Merryman 84 20 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE 3. SEX YEAR White Male 01 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED COUNTRY Maryland USA WIDOWED DIVORCED Carroll Co 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! Carroll County Gen'l Hospita] Bus Driver Westminster Transit USUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4215 Upper Beckleysville Rd. Carroll Hampstead Maryland YES 🗍 NO TH 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Walter Fishnaw Merryman Dora 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN) 179-05-0333 Mrs. Thelma Merryman, Hampstead, Md. no CAUSE OF DEATH (Enter only one couse per line for (a) (b) and PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE Conditions, if ony, which gave rise to immediate ONCHOPNEUMONIA couse (o), stoting the 200 AUTOPSY 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH NO NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. TO PLASE OF INJURY 211 LOCATION 21d. INJURY OCCURRED COUNTY STATE TREET, FACTORY, OFFICE FARM IT his hospital) atter 22a. I certify tho (1) deceased from ry aginion death occurred on the date and hour and from the couses stated reased alive on we) (did (did not) view the body after death SIGNED ATTENDING MEDICAL STAFF 23t. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Hampstead Cemetery Birmal 24. FUNERAL DIRECTOR Eline Funeral Home

21074

Hampstead, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

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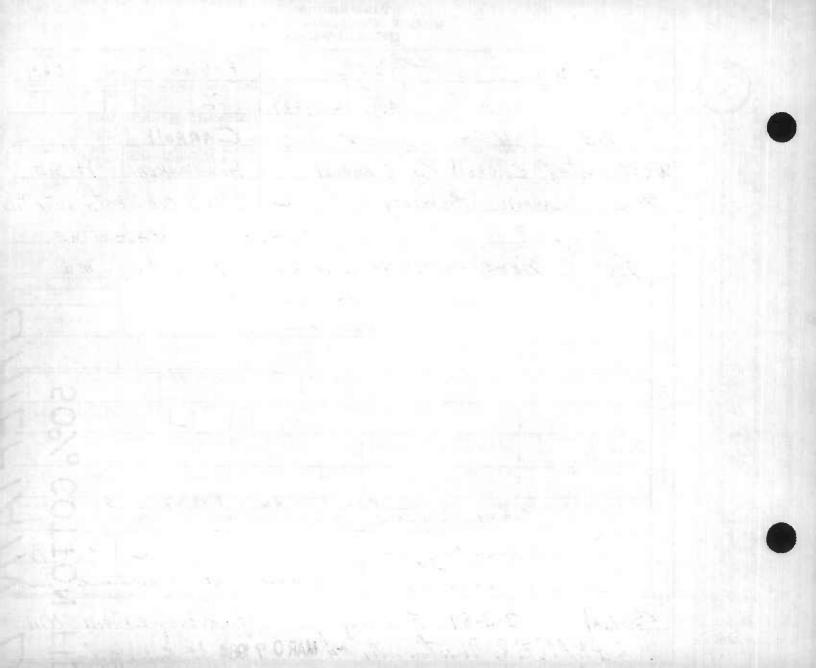
TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physician.

BP. DHMH - 16 50M

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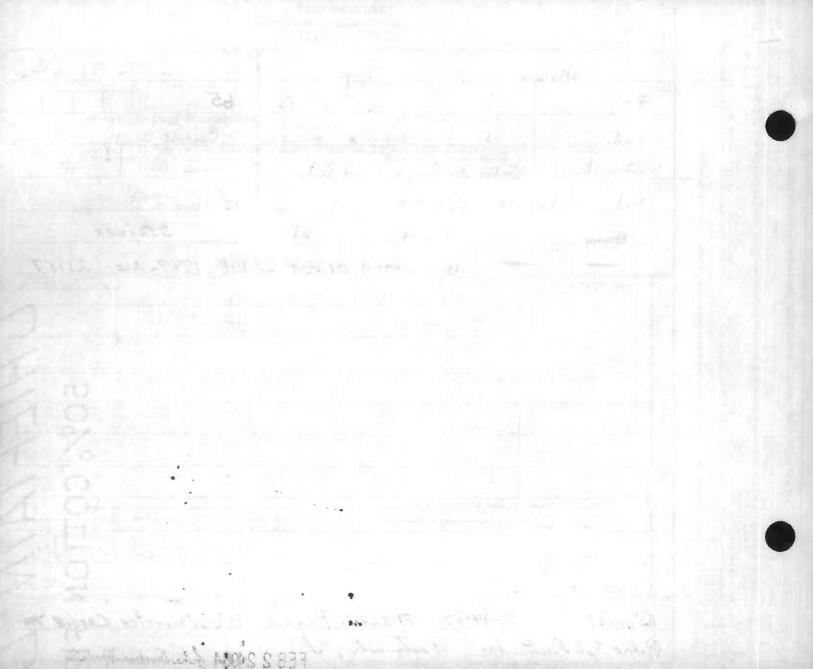
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	R ATTENDI hospitol o RECTOR; A red for use spt. of Heal		sow the deceased alive on above, (1) (we) (did) (did no	Triew the body after death.	ur) opinion death occurred on the date and hour and from the causes stated
	te e e e		226. SIGNATORE	DEGREE	ENDING MEDICAL STAFF 22. DATE SIGNED
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ge 4 may	3. SE	4	RACE	5. DATE CHATH MONTH DAY YEAR 120 17 18	6 AGE (IN YEARS LAST BIRTHDAY) 65 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
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be execution and control of the second contr		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION AND CONTRACTOR DATES)		Veller 154 PA A	21157
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of thending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 showld be fill the and Mental Hygiene prior to burial, cremation, or removal. The property of the property of the property of the medical exagmentation of the death.		PART 1. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	CAUSE (b) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	LTIPLE TH	UTERUS TASTASIS MINAL DISEASE OR CONDITION GIV	EN IN PART I 10
TAL RECORDS, The law requirence. The has been significant. Thermit. Thermit. Thermit shows ony injurt.	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED BYING CAUSES OF DEATH? S NO NO
ON OF VITAL TYSICIAN: The Signal physicion Signal physicion Signal physicion Signal physicion Them II Shpion Them II Shpion Them II Shpion	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	AY YEAR 19 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)
DIVISION or otherdi or otherdi e os the bu	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
DR ATTENI hospitol iRECTOR: hed for us rept. of Hem 21 is.		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (see (did) (did of) 22b. SIGNATURE)	19	, and that in (my) (aur) apinion DEGREE	n death accurred on the date and hou	19, that I) (we) last r and from the causes stated 22c. DATE SIGNED
O HOSPITAL C etorined by the TO FUNERAL B should be detoo with the Store D		121d. PHYSICIAN'S NAME (1 VEOR RENZO RIC		ATTENDING PHYSICIAN 220 ADDRESS 2503 BACT	MEDICAL STAFF DIRECTOR PHYSICIAN D	NESKURE M
BP————————————————————————————————————	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY MEAdow BRANCH		COUNTY STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	1 Justiles		ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

(VRA 15, 4)



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	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	REG. NO.	
(R)	DECEASED NAME FIRST	MIDDLE	LAST	112-011-101	DAY YEAR 2b. HOUR
1	(TYPE OR PRINT) MAI	IDE Carmon	STITELY	February 13. 19	84 M
A P	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
5	Female	White	March 5, 1890	93 YRS.	
2 2 X	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
1 6 4	Maryland	U.S.A.	WIDOWED DIVORCED	Carroll	MD.
1 1/	O. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
180	Westminster	Carroll County	General Hospital	Housekeeping	Own home
4 40K	USUAL RESIDENCE (IF NURSING HOA 138. STATE	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFÖ OUNTY 13c. CITY OR TO	RE ADMISSION) VN 136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	Taneytown, Md.
100		roll Taneyto		5874 Bowers Rd	21787
MA	4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
1200	William	H. Otto	Amanda		ley
8 /		. ARMED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	Taneytown, Md
1/	No	216-88-2	739 Roland Stite	ly, 5874 Bowers F	ld. 21787
- to -	18 CAUSE OF DEATH (Ente	er anly ane cause per line far (a), (b), a USED BY:	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
veni	PART I. DE ATH WAS CA	DIATE CAUSE (a)	PIRATORY FI	71LURE	MONTH
or re	4500	DUE TO, OR AS A CONSEQU	IENCE OF		
on,	Canditians, if any, which				
er fro	gave rise to immediate		IENCE OF		
f, cre	underlying cause last		ince of		
0 2 . y	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIV	EN IN PART 110
nju n	& CON	GESTIVE H	EART FAILU	RE	
ony	4 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
2 2 2	Ĭ .			YES NO YE	YING CAUSES OF DEATH?
Hygie	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
OE	OR CONTRIBUTION CAUSE O		DAY YEAR		
Men Men	(# EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	21f LOCATION		COUNTY
	- WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
marked	AT WORK AT WORK	aspital) attended the deceased from	1-10. 1082	1 2-13.	19 84 , that (1) (we) last
18	saw the deceased aliv	e on 2 13 · 19	7	death accurred an the date and hou	, mar (11 (12) 1031
ot. o	above, (I) (we) (did) (did)	d not) view the bady after death.	DEGREE		22c. DATE SIGNED
# Proper	1250	JO Ma	M.B. ATTENDING	MEDICAL STAFF	2-13 81
ANT. #	22d. PHYSICIAN'S NAME (1	VDE OR 08(0)[)	220 ADDRESS	DIRECTOR PHYSICIAN	1-13.07
DRIA	in ROTO	OBO - M. D		SHINGTON HTS	WESTMINSTER
with the State	10.14-21	4.			
	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY NEW STATE
_	Burial		augh's Cemetery	Ladiesburg, C	Mangallo Ma
M 4/82	24 FUNERAL DIRECTOR	Home, 136 E. Balto	Taneytown-	TE REC'D. I COM MAN DELINION OF	MARIS SIGNATURE
4)	kiles Funeral	Home, 136 E. Balto	. St. Md. 21.757	0	Lat. 18. 2. 30. 18.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED MELISSA SCHILLER 1984 4. RACE AGE (IN YEARS IF UNDER TYR. 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 8:16 DEAD 14 YRS 1984 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Carroll County 0. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Studen Finksburg 2813 Lawndale Rd 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2813 Lawnda YES 🗌 NO X CLTTO tinksbure 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST 5 Angel Glenn 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) . Finksburg APROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Gunshot wound of head (rifle) MMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Head Only 19a. DATE OF OPERATION USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, 16. TIME OF INJURY HOUR AND MONTH DAY 218 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR TO Z OR Self-inflicted. 6:30P.M. 2-8-19 84 CONTRIBUTING CAUSE OF DEATH 2) e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WOT WHILE STREET, FACTORY, FARM, ETC.) Md 2813 Lawndale Rd., Finksburg, Carroll. home TO ME.

EXECUTE THE C.

TO FUNERAL DIRECTOR:

TO FUNERAL DIRECTOR:

AFTRE DEATH, WITH THE

"MORE, MARYLAN! 220 I certify that I taak charge of the remains described above, held on Autapsy Suicide X death resulted from Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION BP 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

Life Mayor grant Company That has been a feel bank Billian Print and Missays and American Street

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME IN DATE KNOWN W MONTH (TYPE OR RENT) £5TI-Anna DEATH MATED 4 SACE SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE SAST BRITHDAY PRONOUNCED DEAD Nov. 9.1904 fémale white 79 THE BURTHPLACE PRIMITE OF Th CITIZEN OF WHAT COUNTRY 1. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGH COUNTRY) Carroll USA WIDOWED X DIVORCED Pennsylvania IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17s. USUAL OCCUPATION (TYPE OF WORK 117s KIND OF BUSINESS OF NOT IN SLICH FACILITY, GAY STREET ADDRESS. OR INDUSTRY Westminster Housewife Home Carroll Co. Gen. Hosp. SUAL RESIDENCE IF IN NURSING HOME OF OTHER INSTITUTION, OVER RESIDENCE REPORT ADMISSIONS Die STATE IIM COUNTY HIL CITY OR TOWN 134. INSIDE CITY LIMITS? 134. STREET ADDRESS Third Street Hiller YES [] NOXX Favette Penna 44 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MEDICAL 1457 LAST Mary Mlynar Andrew Pavdo 17. INFORMANT THE WAS DECEASED EVER IN U.S. ARMED FORCEST IAN SOCIAL SECURITY NO 2967 Gillis Falls Rd. LYES, NO. OR LINKNOWNS I DE TES DIVE WAR DE DATES Andrew Seman Mt. Md. 21771 192-09-6028 18. CAUSE OF DEATH (Enter only one come pe APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE I DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 GTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) A5A B USED OF HE 1% DATE OF OPERATION IVE CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . TIG EXTERNAL CAUSE WAS 11h. TIME OF INJUSTY THE HOW INJURY OCCURRED LENTER HATURE OF BULLEY IN USEM TE PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME TH LOCATION STREET, FACTORY, FARM, \$70.1 STREET CITY OR SOWN COUNTY STATE WHILE AT WORK Impection X FUNERAL DIRECTOR: TER DEATH, WITH THE S The Toertify that I took charge of and in my opinion death resulted from Undetermined manner ACTUAL SIGNED EXAMINER'S NAME TYPE OR PRINT PAREN 130 BURIAL CREMATION REMOVAL 236 DA Brownsville, Fayette St.Mary's Cemetery Burial 14. FUNERAL DIRECTOR DHMH: 17 WESTMINSTER, MD 2115 (VR A15 ME (5)) PRITTES FINERAT, HOME T5M 2780

Sec. 3.2.1

(S	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	100	5 8	1	
	(TYPE	CEASED NAME FIRST	5.	MIDDLE 54	ellk	copf	reg. 20. DATE OF DEATH Feb. 6. AGE (IN YEARS LAST I	MONTH DAY	1984	1255
mador, p	J. SE	Female		hite	MONTH	- 13 - 01	83	YRS.	NTHS DAYS	HOURS MIN
heath. Po		RTHPLACE (STATE OR FOREIGN PA)	U	SA	WIDOWE		9. BALTIMORE CITY	-11	FDEATH	
4 4 40	We	Sydnister	West	CH FACILITY, GIVE STREET A	UPSING	Home	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	T OF WORKING LIFE)	12b. KIND OF I	
Filled in Pourlet be	130	AL RESIDENCE (IF NURSING HOME) STATE 136 CC	E OR OTHER INSTITUTION DUNTY PRRO !	SVK254	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 4390	Chepry	Tree	LAne
The sales	14. F/	HARRY	MIDDLE	totler		Annie	WIDDLE	W	oods LAST	
Poges l			ARMED FORCES?	169 09 5	914	Robert Sh	ellkoff.	54Kesu	ille, i	Md.
quires that the dea signed by the otte hen please remove o burial, cremation jury, or other troum	z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			IN PART 110	
ne law renon. hos been permit. Tene prior tene prior in t	CERTIFICATION	198 DATE OF OPERATION		DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	VERE FINDING	S USED F DEATH?
SKCIAN: TI ng physicic certificate priol-tronsit tental Hygis		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURI			1 OR PART 2)	
offending of the formal of the	MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
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TO HOSPITA retoined by TO FUNERA should be di with the Sto IMPORTANT	23e. (HOUNZO & CA		23c. N	IAME OF CE	215 WASTING	236 LOCATION			
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9-	1	1-	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	8 9
y be	(A)		CEASED NAME FIRST OR PRINT) Elmahe	ety J.	Smith	20. DATE OF DEATH MONTH	684 11 Ann
ge 4 ma	rs afte	3. SE	Female	Cau.	5. DATE OF BIRTH MONTH DAY YEAR 37	6. AGE (IN YEARS LAST BIRTHDAY) 46 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
eath. Po	nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
s after d	by the fune filed within	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE)	or other institution Et address) Henenal	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY
24 hour	filled in ould be	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO	RE ADMISSION)	13. STREET ADDRESS 709 Baybe	21127
fed within	completely s I and 2 sh		CLARETCE	MIDDLE RIAS	15. MOTHER'S MAIDEN NA	WIDDIE D	Trichalson
be execu	an and cr		YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC WAR OR DATES) 215-34	-6635 Michael	Smith 13e	21157
ertificote	g physici an paper remaval.		PART 1. DEATH WAS CAUSE		remomataris		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce	e offendin mave corb nation, or traumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQ	Ca 1010	4	140
es that th	ned by the please resuriol, crer		couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
law requi	tos been signermit. There are prior to be we any injur	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
JAN: The	errificate hos ol-transit per intal Hygiene em 18 shows		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours	er this cer s the burio and Meni	MEDICAL	IIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN	TOR: After use a of Health		22a. I certify that (I) (the hosps sow the deceased alive on	tal) ottended the deceased from		death occurred on the date and	hour and from the causes stated
TAL OR A	tal DIREC detached f ate Dept. at: If Item		THE SHATURE	Ateur		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED
O HOSPIT	TO FUNERAL Eshould be deto		John E.	Steers w	22 Washin	gton Hts, Was	Amuster hid
₽ S			BURIAL SPECIE BURIAL	23b. DATE 23c 23c	NAME OF CEMETERY OR CREMATORY DRUID RIDGE	23d LOCATION TYOR TOWN	COUNTY STATE
	- 16 50M 4/B2 /RA 15, 4)	Q	ober Kylo Pritt	In. Wester	witer, MOFEBESO TA	O Marie grand	STRANS SIGNATURE

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH

		REGISTRAR				TEATE OF BEATTI	REG. N	O.		
		CEASED NAME FI	RST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR A
	(TTPE	Mrs.	Julia M.	Stultz			Februar	y 28 1984	-,	11.45 M
	3. SEX	X	4 RACE		S. DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF U	HOER I YEAR	IF UNDER 24 HRS
	Fe	male	Caucasi	an	March	1 4 1899 YEAR	84	YRS.	HS DAYS	HOURS MIN.
Ų		RTHPLACE (STATE OR FOREI	GN 76. CITIZEN O	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
ř		ryland	U.S.A.		WIDOW	· V	Carroll Cou	ity		MD.
9	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		2b. KIND O	F BUSINESS OR
		stminster		n View More		ne	Ret. Waitres	3		
5	13a S		COUNTY	136. CITY OR TOW Sykesvill	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			04504
	_	3	moll	Sykesvill	e	YES NO	5806 Harma	Road		21784
3	V	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ALIDOLT.		LAS	1
Ú	-	seph B. Griffit	h			Virginia H. A				
1		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES!			17 IMPSWAVanesea				21784
	No			220-18-43	331	5806 Hanna Ro	ad S	kesville	Λ	laryland
		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse p	er line for (a), (b), and		4	1 0		BETWEEN	MATE INTERVAL ONSET AND DEATH
			AEDIATE CAUSE (a)_	Hites	MICE	erotic Hear	t Disea	se		
		4140	DUETO	OR AS A CONSEQUE	NCEOE					
	14.5	Conditions, if any, wh		3K A3 A CONSCOOL	1402 01					
		gove rise to immedicause (a), stating	ote)							
			ast.	DR AS A CONSEQUE	NCEOF					
		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN I	N PART 1	
3	N O						in the pioense on con-	DITION ONEN	IN I ART III	
1	AT	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
	TF.	desire the second secon					YES TI NOT	IN CERTIFYING	G CAUSES	OF DEATH?
-	CERTIFICATION	21a. ACCIDENT WAS UNDERLY		OF INJURY		216 HOW INJURY OCCURR			OR PART 2)	ПОП
		OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALES	E OF DEATH	A.M. MONTH DA	Y YEAR	Management of the Control of the Con				
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION				
	WE	WHILE NOT WHILE		TREET, FACTORY OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (this	hasnital) attended t	he deceased from	2	V- 786 10	10 7.1	28/10	XI.	A) - 1 - (
		sow the deceased a	live an 2 14	134 19	, a	nd that in (my) (aur) apinion o	death accurred an the d	ate and hour one	_	that (I) (we) last causes stated
		22b. SIGNATURE	(did nat) view the bod	y after death.		DEGREE			22c. DATE	
1		Vine	la N. Na	founa;	MDS	A ATTENDING	MEDICAL STA	FF.	21	28/86
		226. PHYSICIAN'S NAME	(TYPE OR PRINT)	J		22e ADDRESS	DIRECTOR PHYSIC			2. 44.0
		VIMAL	A N.A	IAGANA	1A	174 E.M	AINST	WESTM	111/5	TEB
-	23a B	URIAL, CREMATION, REM				EMETERY OR CREMATORY	123d LOCATION			-113
	(specify) rial	3-2-84			e Park Cemeteru	Woodlawn	Balt.	imore l	Mary land
							" " A A A A A A A A A A A A A A A A A A	2000		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as with the State Dept. of Health FUNERAL DIRECTOR:

MPORTANT: If Bem 21

Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

Woodlawn Lorraine Park Cemetery MAR 2

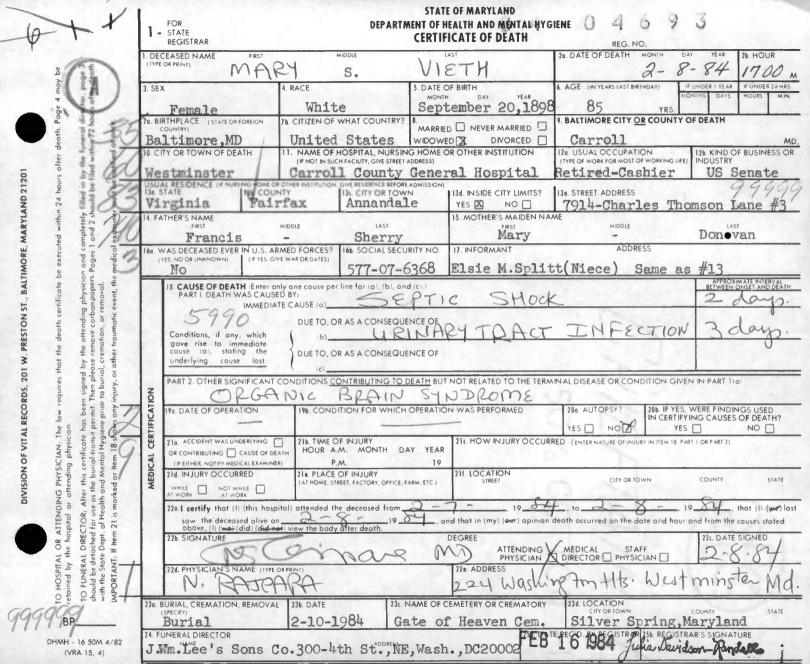
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Eline Funeral Home, Hampstead, Md. 21074

STATE OF MARYLAND

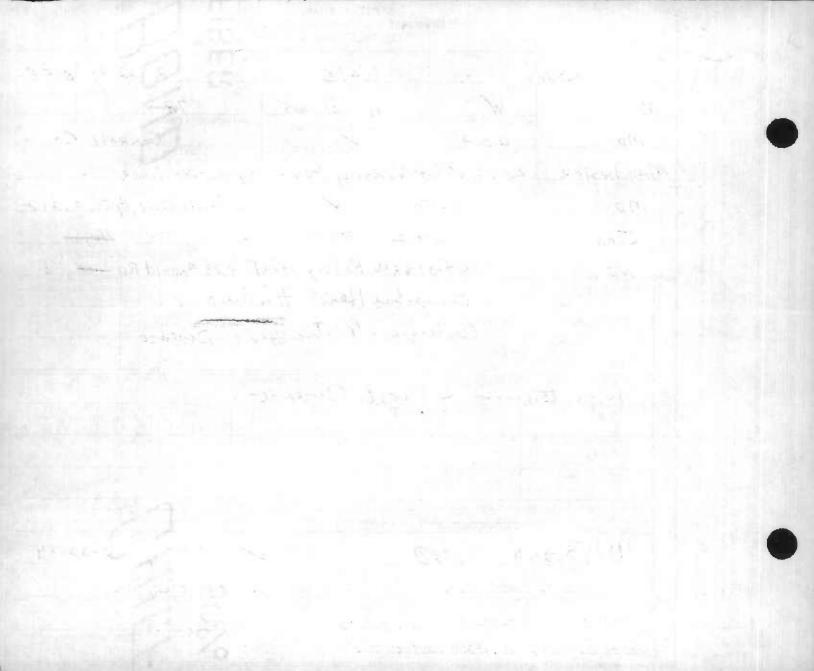
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SPATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b HOUR **■ RACE** 6. AGE TIN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1. SEX 5. DATE OF BIRTH MONTH YEAR 05 76. CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE INTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Ret ONG VIEW NURS USUAL RESIDE COUNTY 13c CITY OR TOWN 13e STREET_ADDRESS / ZIP CODE 134 INSIDE CITY HAUTS? 511 CASTIE DRIVE NO [15 MOTHER'S MAIDEN NAME MIDDLE Annie WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for Ioi, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NO [ol-trons. NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Wilbur H. Foard, M.D. 3223 Main St., Manchester, Md. 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE I SPECIFY: CITY OR TOWN COUNTY Burial 2-25-84 St. John's Hudes 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Leonard J. Ruck, Inc., 5305 Harford Rd. (VRA 15, 4)



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above. (I) (we) (did not) view the body after death. 226 SIGNATURE DEGREE ATTENDING PHYSICIAN STAFF 1276 PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN 1276 ADDRESS PHYSICIAN'S NAME (IVPEORPRINI) PHYSICIAN BARZAGA NEW WINDSOP, Md-2 1236 BURIALI CREMATION, REMOVAL 23b, DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	29		gove rise to incove (a), statunderlying caus PART 2 OTHER SIG	INTEGRATED CANDED OF BLAND CONTROL CANDE OF BLAND CONTROL CANDED CONTROL CA	IN CONDITIONS CONDITIO	INJURY	DEATH BUT H OPERATION	N WAS PERFORMED THE HOW INJURY OCCU	1981. AUTOBEN VES NO WRRED (SWITST TEATURE)	S mouth in sten	YES D	elv
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1 22d. PAYSICIAN'S NAME (TYPEOR PRINT) EPLRAIM BARZAGA NEW WINDS OR, IND. 3 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION	29		gove rise to incove (a) state underlying caus PART 2 OTHER SID WE DATE OF OPER. THE ACCEPT WAS UP OF CONTINUED [1] IN THE ACCEPT WAS UP OF CONTINUED [2] IN THE ACCEPT WAS UP OF CONT	ATON CAUTE OF DITAN CAUTE OF	IN CONDITIONS CONDITIO	INJURY IN MONTH D FINJURY IN FACTORY OFFICE deceosed from	DEATH BLIZ H OPERATION DAY YEAR 19	THE HOW INJURY OCCU	1981. AUTOMAX YES NO WEST NO WES	S MEGET INSTERN	PTIFYING CA YES LOUIS L	th the c
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